

LICENSING BOARD FOR THE CITY OF BOSTON

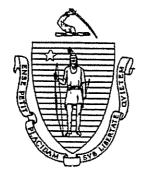
1 City Hall Sq., Room 809, Boston, MA 02201

NEW APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE

(Club, Druggists, Innholder, General On Premises, Restaurant, Package store, and Tavern)

(3	ABCC application (2 forms) (All new licenses must fill out the closing hour request) (Attach a copy of lease agreement) (Attach a pledge agreement, only if this license is being pledged)
G	Articles of Incorporation (2 forms) (from Secretary of State Office at One Ashburton Place)
6	Financial Disclosure Form (2 forms) (LAST THREE (3) BANK STATEMENTS)
G	Manager Experience Form (2 forms)
G	Criminal Record Form (one form for each manager and each officer)
S	Abutters Affidavit Form (with return of service receipts) (list of abutters' addresses may be obtained at the Assessing Dept. Room 301)
9	Corporate Vote Form (2 forms)
6	Floor Plan (2 copies: size 8 ½ x 11)
6	City of Boston filing Fees \$100.00 (made payable to the City of Boston)
6	Advertising Fee \$170.00 (made payable to the Boston Herald)
G	ABCC filing Fee \$200.00 (made payable to the ABCC)

- All new licenses must show documentation that the location has appropriate zoning for an alcohol license.
- Applications for alcohol licenses follow a four-step process. First: The licensee should meet with the appropriate City Councillor, or State Representative, Senator, and local Neighborhood Committee. Second: The Boston Licensing Board will hold a hearing on the application. Third: Only after the application is granted by the Licensing Board, will it be sent to the ABCC for approval. Fourth: Only after approval from the ABCC, The license will be issued by the Licensing Board upon payment of the license fee and an updated Certificate of Inspection. The license fee must be made payable to the City of Boston.
- All checks must be certified by a Bank or an Attorney.
- For additional information about this process, please see the personnel in the Administration Office.
- Phone (617) 635-4170, 4170, 4172, FAX 635-4742



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/T	own:	····						
()	New License Transfer of License Transfer of Stock	(New Officer/Director Other(specify)				
Section Name	n 1 to appear on the license:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Busine	ss Name (d/b/a, if different)):						
Manag	er of Record:				FID o	f Lic	ensee:	******************************
Addres	s of Premises:	······································					Zip Code:	
Phone	number of premises:	······						
Section	2 Type of license: (check	on	e on	у)				
()	Club General on Premise Innholder	()	Package Store Restaurant Tavern	()	Veterans Club Other	
Section	3 License Category							
()	All Alcoholic Malt Only Wine and Malt with Cordi	(ials) } Perr	Wine and Malt Wine Only nit				
Section	4 License Class							
()	Annual	()	Seasonal				
Section	5 Person (attorney if appli	cat	ole) v	ho can be contacted con	ceming	g this	application	
Name:								
	S:							
Phone 1	Number:							

Section 7 Applicant is an: () Associ () Partner Section 8 If applicant Name	ty: : : iation ership	() Corpora () Non-pro ndividual or partnership	Occupand ation (ofit corporation (cy Nu		
Seating Capacit Section 7 Applicant is an: () Associ () Partner Section 8 If applicant Full Name	ty: : : : : : : : : : : : : : : : :	() Corpora () Non-pro ndividual or partnership	Occupant	cy Nu		
Applicant is an: () Associ () Partner Section 8 If application 8 If ap	iation ership oplicant is an i	() Non-pro	ofit corporation	()		
() Partner Section 8 If app Full Name	ership oplicant is an i	() Non-pro	ofit corporation	()		
Full Name		-	_ I jet for individue	()	Individu LLC	al
	Home Addr		- mai toi muividu	al or e	ach partner	;
8a Is individua		ess]	DOB	SSN
8a Is individua						
8a Is individua	1	***************************************				
8a Is individua						
	al or all partne	ers United States citizen	s?	()	Yes	() No
If no, s	specify citizer	nship:				
8b. Is individua	al or all partne	ers involved at least twe	nty-one years old?()	Yes	() No
Section 9 If the	e applicant is	a corporation, complete	the following:			
State of Incorpo	oration:		Date of In	ncorpo	oration:	······································
Fiscal Year End	ds:		_ Date qua	lified 1	to do busine	ess in MA:
9a. How many	shares of stoo	k are authorized:		How 1	nany shares	are issued:
Provide in the b Use * to indicat		if all officers, directors	, stockholders and r	nanag	er.	
Title F	Full Name	Home Address	DO	В	SSN	Shares of stock owned or controlled

9b. Attach a co		e by the Board of Direct	ors appointing a ma	nager		1

9c. If the a	pplicant is a corpo	oration, answer the follo	wing question	15:		
2.	Are the majority	of directors United Stat of directors citizens of I principal representativ	Massachusetu		Yes (() No () No' () No
	0 If the applic on officers and	ant is an association members.	ı, provide ir	the box	below the	names of all
Title	Full Name	Home Address		DOB	SSN	Phone Number
				1		
10b. Attac	n a list of all mem	bers of the LLC				
Section 11	Will there be any) Yes (construction, remodeling) No (If yes o	ng, redecorati complete a,b,	ng or build and d)	ding on the pre	emises for this license?
a Give an o	exact description o	of the construction, remo	odeling, redec	orating or	building on th	ne premises:
1				***************************************		
		ts:				
c. What is t	he construction sc	hedule:				
		ction financing:				
Section 12						
Do you own	n the premises?	() Yes	() No.	If yes, pl	ease respond	to the question below.
() As	an individual	() Jointly		76-76-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Name	e of Realty Trust
			Name of Corp	oration		
() Ot			-			
(If you do r	ot own the premis	ses to be licensed, provi	de the follow	ng inform	ation about th	e owner.)
Name:		Value Va	Pho	ne Numb	er:	

Address: ____

12a.	If a lease or	rental, provi	de the following informa	ition: S	<u> </u>			_ po	er	*******
									(month, year, etc.)	
	Beginning (provide co	date of lease py of the leas	se)	_ E	nding	g Date of	lease		***************************************	
	-		FINA	SCTAT						
Section What as	13 ssets were pu	rchased and (· · · · · · · · · · · · · · · · · · ·	1CIAI	:					
Equipm	ent: \$	·	Furniture: \$				Go	odw	vill: \$	
Invento	ry: \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License: \$				Pre	mis	se: \$	
13a.	Total Purch	ase Price: \$_								
13b. Mortga	•		es of financing:			Seller:	S			
Cash: \$	3					Other (speci	fy):	S	
Docume	ent all source	s e.g. Loan p	apers, checking accounts	, stock	sale	s, etc.				
13c. All othe (provide	er terms and o	conditions: _ nd sale docum	nents)	· · · · · · · · · · · · · · · · · ·		·····	·	-		
·13d. A	re you seekin	g approval fo	or license to be pledged:	()	Yes	()	No	
	If yes, to w	hom:			····					
13e W	ill the invent	ory be pledge	ed:	()	Yes	()	No	
	If yes, spec	ify to whom:		····						·
13f.	If a corpora	tion, are you	seeking approval for any	/ согро	rate	stock to b	e ple	dgeo	d:	
				()	Yes	()	No	
	If yes, iden	tify to whom	and identify the number	of shar	es: _	· · · · · · · · · · · · · · · · · · ·				
			OWNERSHI	? INTI	ERE	<u>STS</u>				
	14 State the cial interest i			or enti	ties v	who will	have :	any	direct or indirect benefic	ial
Full Na	me	Home Add	ess			DOB	S	SN	Phone Number	
)									
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		1	1			

•

Person or entity	Beneficial or fina	ncial interest	
1.41. 75	4*4 - ¥*-4 - # *	0 4 141	
other license gran	rson or entity listed it ted under Chapter 138	n Question 14 have any direct or indir	rect beneficial or financial interest in a
onioi noonso gimi	ou under chapter 150		
		() Yes	() No
Name	Type of license	License Name and Address	Desiring Classes
Name	Type of ficense	License Name and Address	Description of Interest
14c. Has any pers	son or entity named in	Question 14 ever held a license or a	beneficial interest in a license issued
under Chapter 138 (If yes, provide th	S which is not present e following for each p	ly held? () Yes person or entity.)	() No
under Chapter 138	3 which is not present	ly held? () Yes	
under Chapter 138 (If yes, provide th	S which is not present e following for each p	ly held? () Yes person or entity.) License Name and Address	() No
under Chapter 138 (If yes, provide th	S which is not present e following for each p	ly held? () Yes person or entity.)	() No
under Chapter 138 (If yes, provide th	S which is not present e following for each p	ly held? () Yes person or entity.) License Name and Address	() No
under Chapter 138 (If yes, provide th	S which is not present e following for each p	ly held? () Yes person or entity.) License Name and Address	() No
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License	ly held? () Yes person or entity.) License Name and Address	Date ownership surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License	ly held? () Yes person or entity.) License Name and Address	() No
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License	ly held? () Yes person or entity.) License Name and Address	Date ownership surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License	ly held? () Yes person or entity.) License Name and Address	Date ownership surrendered or of ownership, non-renewal, surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License w all licenses in Ques	ly held? () Yes person or entity.) License Name and Address tion 14c were terminated (e.g. transfe	Date ownership surrendered or of ownership, non-renewal, surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License w all licenses in Ques	ly held? () Yes person or entity.) License Name and Address tion 14c were terminated (e.g. transfe	Date ownership surrendered or of ownership, non-renewal, surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License w all licenses in Ques	ly held? () Yes person or entity.) License Name and Address tion 14c were terminated (e.g. transfe	Date ownership surrendered or of ownership, non-renewal, surrendered
under Chapter 138 (If yes, provide th Name	8 which is not present e following for each p Type of License w all licenses in Ques	ly held? () Yes person or entity.) License Name and Address tion 14c were terminated (e.g. transfe	Date ownership surrendered or of ownership, non-renewal, surrendered

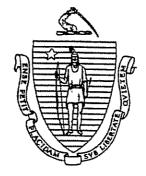
Date		License	Reason why the license was suspend	ed, revoked or cancelled
•			<u>-</u>	
14£. E	las any p	erson or entity name	ed in Question 14 ever been convicted of vic	plating any state, federal or m
law?	()	Yes ()	No	
15.	a.	Each individual	applicant must sign.	·
	b.	Applications by	a partnership must be signed by a major	ity of the partners.
	C.	Applications by	a corporation must be signed by an office	er authorized by a vote of th
	d.	Annlications by	ard of Directors. an association must be signed by a major	ite of the more born it the
		riphremenn r)		
		body. All signer	s must have answered question 10.	rea or me memoers it me 80
	e.	body. All signer	rs must have answered question 10. on or failure to disclose are reasons to rev	
Signe		body. All signer False information application.	's must have answered question 10.	oke a license or deny a licen
	d and sui	body. All signer False information application.	s must have answered question 10. on or failure to disclose are reasons to rev	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen
	d and sui	body. All signer False information application. Oscribed to under t	s must have answered question 10. on or failure to disclose are reasons to rev he penalty of perjury, this day of	oke a license or deny a licen

-

BUILDING DEPARTMENT CLEARANCE

RESTRICTIONS—REMARKS

					THE PROPERTY CONTINUES AND THE PROPERTY OF THE				i in the second	The second secon	The state of the s				OTHER LICENSES		Seating Capacity	Date Expires	Date Issued	CLEARANCE	BUILDING DEPARTMENT
Re	Rec'd By:		Attorney Filing	Fee	Approved by ABCC	Hearing Date	Date Rec'd	RECONSIDERED_	REJECTED	GRANTED	Bo:	, and the state of	Address	Name	Tel. No.	WardPı	Class	Application No.	ALCOHI.	COMMON	APPLICAN
Receipt No.	Fee			Paid		Time	AdvPaper		PARTITION OF THE PARTIT		Beard's Action	The same of the sa	-		ZipCode	PrecDiv		License No.	ALCOHLIC BEVERAGES LICENSE 20	Application for COMMON VICTUALLER LICENSE and	APPLICANTS MUST FILL IN THIS SIDE
		Chaille Ton Cranted	Closing Hour Req.		Total and the state of the stat		THE PROPERTY AND THE PR							To the state of th		Valorimonia - A A A A A A A A A A A A A A A A A A				AND TARCTIONS AND	BESTRICTIONS—BEMARK



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

C	ity/To	own:							
(()	New License Transfer of License Transfer of Stock	()	New Officer/Director Other(specify)	_			
	ction une t				(epolaj)				
Bı	sines	ss Name (d/b/a, if differen	nt): _						
									ensee:
									Zip Code:
Se	ction	2 Type of license: (che	ck on	e onl	у)				
()	Club General on Premise Innholder	()	Package Store Restaurant Tavern	()		Veterans Club Other
Se	ction	3 License Category							
(()	All Alcoholic Malt Only Wine and Malt with Con	((rdials)	Wine and Malt Wine Only nit				
Sec	ction	4 License Class							
()	Annual	()	Seasonal				
Sec	tion	5 Person (attorney if app	olicab	le) w	ho can be contacted concer	min	g th	is a	application
Naı	me: _		·····				······································		
Ad	dress								
		umber:							

	1		· · · · · · · · · · · · · · · · · · ·	-	
6a. Seating Cap	acity:		Occupancy	Number:	
Section 7 Applicant is	an:				
	sociation tnership	() Corporati () Non-profi	on (it corporation () Individ	lual
Section 8 If	f applicant is an	individual or partnership -	List for individual	or each parine	er:
Full Name	Home Add	lress		DOB	SSN
	Į.				
,					
					1
		enship:			() No.
	-	ners involved at least twent) res	() No
Section 9 If	f the applicant is	s a corporation, complete th	ne following:	,	, ,
Section 9 In	f the applicant is		ne following: Date of Inc.	corporation: _	
Section 9 In State of Inco	f the applicant is orporation:	s a corporation, complete the	ne following: Date of Industry Date quality	corporation: _	ness in MA:
Section 9 In State of Inco Fiscal Year 2 9a. How ma	f the applicant is orporation: Ends: any shares of sto	s a corporation, complete th	Date of Inc Date of Inc Date quali	corporation: _ fied to do busi ow many shar	ness in MA:
Section 9 In State of Inco Fiscal Year 2 9a. How ma	f the applicant is orporation: Ends: any shares of stone box the name	s a corporation, complete the	Date of Inc Date of Inc Date quali	corporation: _ fied to do busi ow many shar mager.	ness in MA:es are issued:
Section 9 In State of Inco Fiscal Year 2 9a. How ma Provide in the Use * to ind	f the applicant is orporation: Ends: any shares of stone box the name icate director	s a corporation, complete the state of the s	Date of inc Date quality H tockholders and ma	corporation: _ fied to do busi ow many shar mager.	ness in MA:es are issued:
Section 9 In State of Inco Fiscal Year 2 9a. How ma Provide in the Use * to ind	f the applicant is orporation: Ends: any shares of stone box the name icate director	s a corporation, complete the state of the s	Date of inc Date quality H tockholders and ma	corporation: _ fied to do busi ow many shar mager.	ness in MA:es are issued:
Section 9 In State of Inco Fiscal Year 2 9a. How ma Provide in the Use * to ind	f the applicant is orporation: Ends: any shares of stone box the name icate director	s a corporation, complete the state of the s	Date of inc Date quality H tockholders and ma	corporation: _ fied to do busi ow many shar mager.	ness in MA:

9c. If the	applicant is a corp	poration, answer the following question	ons:		
2	Are the majority	y of directors United States citizens? y of directors citizens of Massachuset or principal representative a U.S. citiz	ts? (en? () Yes) Yes) Yes	() No () No
Section associati	10 If the applic on officers and	cant is an association, provide i members.			
Title	Full Name	Home Address	DOB	SSN	Phone Number
			DOB	BBIN	Filone Number
10b. Attac	ch a list of all men	nbers of the LLC.			
Section 11	Will there be any) Yes (y construction, remodeling, redecorat) No (If yes complete a,b,	ing or bui c and d)	lding on the pro	emises for this license?
a. Give an	exact description	of the construction, remodeling, redec	orating o	r huilding on th	18 NTAMICAC'
	* ·	5, 1000	.0.0	. bunding on a	to promises.
-				·····	

b. What are	e the estimated cos	sts:			**************************************
		chedule:			
d. State all	sources of constru	action financing:			
	——————————————————————————————————————				
Section 12					
Do you ow	n the premises?	() Yes () No	If yes, p	lease respond t	to the question below
() A:	s an individual	() Jointly		Name	e of Realty Trust
		Name of Cor			•
			oration		
				ت به در	
		ses to be licensed, provide the follow			,
Name:		Pho	ne Numb	er:	
Address:					

-

12a.	If a lease or	r rental, provide the following information:	: S _			·	p	ег	
								(m	onth, year, etc.)
		date of leasepy of the lease)	End	ding	g Date of l	ease			***************************************
		FINANCIA	4.L						
Section What a		urchased and cost?							
Equipn	nent: \$	Furniture: \$				Go	odv	vill: S	B
Invento	ory: \$	License: \$	····			Pn	emis	ie: \$_	
13a.	Total Purch	nase Price: \$							
13b. Mortga		low all sources of financing:			Seller:	\$	······································		
Cash:	\$				Other (s	рес	ify):	s	
Docum	ent all source	es e.g. Loan papers, checking accounts, sto	ck s	ale	s, etc.				
13c. All oth (provid	er terms and o	conditions: nd sale documents)					·····		
·13d. A	re you seekin	ng approval for license to be pledged:	()	Yes	()	No	
	If yes, to w	hom:							***************************************
13e. W	ill the invent	tory be pledged:	()	Yes	()	No	
	If yes, speci	ify to whom:							
13f.	If a corpora	ation, are you seeking approval for any corp	pora	ite i	stock to be	ple	dgeo	d:	
			()	Yes	()	No	
	If yes, ident	tify to whom and identify the number of sh	are	s: _					
		OWNERSHIP IN	ΓE	RE!	<u>STS</u>				
		following information for all persons or en in this license:	ntiti	es \	who will h	ave	any	direc	t or indirect beneficial
Full Na	ume	Home Address			DOB	S	SN		Phone Number
l									
	······································		•						

•

Person or entity	Beneficial or fina	ncial interest	
			· · · · · · · · · · · · · · · · · · ·
14b. Does any per	son or entity listed in	a Question 14 have any direct or indir	ect beneficial or financial
omer ncense grant	ed under Chapter 138	8.	
		() Yes	() No
Name	Type of license	License Name and Address	D
4 1-44,15C	1) pe of neerse	LICEUSE IVANIE AND ADDRESS	Description of Inter
under Chapter 138	on or entity named in which is not present following for each p		beneficial interest in a lice
under Chapter 138	which is not present following for each p	ly held? () Yes person or entity.)	() No
(If yes, provide the	which is not present	ly held? () Yes	() No
(If yes, provide the	which is not present following for each p	ly held? () Yes person or entity.)	() No
(If yes, provide the	which is not present following for each p	ly held? () Yes person or entity.) License Name and Address	beneficial interest in a lice () No Date ownership surr
(If yes, provide the	which is not present following for each p	ly held? () Yes person or entity.) License Name and Address	() No
(If yes, provide the	which is not present following for each p	ly held? () Yes person or entity.) License Name and Address	() No
under Chapter 138 (If yes, provide the Name	which is not present following for each p	ly held? () Yes person or entity.) License Name and Address	Date ownership surr
under Chapter 138 (If yes, provide the Name	which is not present following for each p	ly held? () Yes person or entity) License Name and Address	Date ownership surr
under Chapter 138 (If yes, provide the Name	which is not present following for each p	ly held? () Yes person or entity) License Name and Address	Date ownership surr
Name 14d. Describe howetc.)	which is not present following for each p Type of License all licenses in Quest	ly held? () Yes person or entity) License Name and Address tion 14c were terminated (e.g. transfer	Date ownership surr
Name 14d. Describe howetc.)	which is not present following for each p Type of License all licenses in Quest	ly held? () Yes person or entity) License Name and Address tion 14c were terminated (e.g. transfer	Date ownership surr
Name 14d. Describe howetc.)	which is not present following for each p Type of License all licenses in Quest	ly held? () Yes person or entity) License Name and Address tion 14c were terminated (e.g. transfer	Date ownership surr
Name 14d. Describe howetc.)	which is not present following for each p Type of License all licenses in Quest	ly held? () Yes person or entity) License Name and Address tion 14c were terminated (e.g. transfer	Date ownership surr

14e. F	las any pers	son or entity name	d in Question 14 ever had a license suspended, revoked or cancelled?
	()	Yes	() No
(If yes		e following inform	
Date	***************************************	License	Reason why the license was suspended, revoked or cancelled
	· · · · · · · · · · · · · · · · · · ·	-	The Case State of Control of State of Control of State of Control
-	· · · · · · · · · · · · · · · · · · ·		
***************************************	******		
14f. H	las anv ners	on or entity name	d in Question 14 ever been convicted of violating any state, federal or military
law?	()	Yes ()	No
15.	a.	Each individual:	applicant must sign.
	b.	Applications by	a partnership must be signed by a majority of the partners.
	C.	Applications by a corporations Bos	a corporation must be signed by an officer authorized by a vote of the
	d.	Applications by	an association must be signed by a majority of the members if the governing
		body. All signer	s must have answered question 10. a or failure to disclose are reasons to revoke a license or deny a license
	tion .	application.	I di landit e to discuse are reasons to revoke a license or deny a license
Cime	i and enher	wihad ta undar ti	no nonalty of nonlines this day of an
		•	ne penalty of perjury, this day of, 20
By: Si	gnature of I	Full Name	<u>Title</u>
			. •
***************************************		***************************************	
T		***************************************	

*

.

•

.

BUILDING DEPARTMENT CLEARANCE

APPLICANTS MUST FILL IN THIS SIDE Application for COMMON VICTUALLER LICENSE and ALCOHLIC BEVERAGES LICENSE

				A COLUMN TO THE PROPERTY OF TH								The state of the s			OTHER LICENSES		Seating Capacity	Date Expires	Date issued
Receipt No.	Rec'd By: Fee		Attorney Filing	Fee Paid	Approved by ABCC	Hearing DateTime	Date Rec'd Adv. Paper	RECONSIDERED	REJECTED	GRANTED	board's Action	The state of the s	Address	Name	Tel. No. ZipCode	Ward Prec. Div.	Class	Application No. License No.	20
		Closing Hour Granted	Closing Hour Req.			On the particular to the second of the secon	APROXITE THE STREET COLUMN TO	TOTAL PROPERTY AND THE PROPERTY OF THE PROPERT	The second state of the se	The state of the s		- And a second s	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	- Annual Control of the Control of t	The state of the s	To the second se			TOTAL

RESTRICTIONS—REMARKS

(L.B. Form 11)

LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, Mass. 02201

Date	19)
Date	12	

(Signature)

FINANCIAL DISCLOSURE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL TRANSFERS OF INTERESTS, PLEDGES OF ANY KIND, AND FOR NEW APPLICATIONS.

2. PLEASE SPECIFY WHAT WAS PURCHASED AND THE PRICE THEREOF: ALicense	CORPORATION, INDIVIDUAL OR PARTNER'S NAME(s)	ADDRESS	CITY OR TOWN ZIP
A. Cash Down Payment \$ B. Loan #1 C. Loan #2 TOTAL \$ 4. FOR LOAN TRANSACTION AS APPEARING IN ITEM #3 PLEASE SHOW: A. Amount of Loan B. Payee's Name and Address C. Guarantor's Name and Address D. Security for the Loan(s) 5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR. A. Name and Address of Lessor B. Name and Address of Lessor C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS	ALicense \$ BStock of Corp. CReal Estate DAssets of Corp. E		HEREOF:
PLEASE SHOW: A. Amount of Loan B. Payee's Name and Address C. Guarantor's Name and Address D. Security for the Loan(s) 5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR. A. Name and Address of Lessor B. Name and Address of Lessee C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF	A. Cash Down Payment \$ B. Loan #1 C. Loan #2		
D. Security for the Loan(s) 5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR. A. Name and Address of Lessor B. Name and Address of Lessee C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF BY: Printed:	PLEASE SHOW: A. Amount of Loan	LOAN # 1 \$	\$
5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR. A. Name and Address of Lessoe B. Name and Address of Lessee C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF 19 BY: Printed:	C. Guarantor's Name and Address		
WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR. A. Name and Address of Lessoe B. Name and Address of Lessee C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF 19 BY: Printed:	D. Security for the Loan(s)		
C. Annual Rent \$ D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF 19 BY: Printed:	WHOM SUCH PAYMENTS ARE M	IADE IF OTHER THAN THE L	ESSOR,
D. Name and Address of Payee other than Lessor SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS DAY OF 19 BY: Printed:	B. Name and Address of Lessee		
DAY OF 19 BY: Printed:	D. Name and Address of Payee		
	SIGNED AND SUBSCRIBED TO UNIDAY OF	19 BY:	
	्विल्लिक 31		

THIS FORM FOR FINANCING

S LICENSE PART OF COLLATERAL: (Using Liquor License To Secure Financing)	YES	ио [
PURCHASE PRICE:		,		-
WHAT ASSETS WERE PURCHASED:	PREMISES EQUIPMENT GOOD WILL		FURNITURE INVENTORY	
OTHER ASSETS:				
NAME OF PURCHASER(S):	n			
HOW FINANCED: \$(Cash	- Loans - Mortgage - Bank	: - Seller - ctc.)	*****	-
PREMISES: OWNED LEASE NAME AND MONTHLY TERMS.	ED .□ REN	ITED? IF	F LEASED OR RENTED OWNE	R'S ,
ANY ADDITIONAL INFORMATION TH	H YAM UOY TAH	AVE THA	T WOULD HELP THE COMMISS	ρN
APPROVE THIS APPLICATION:				
		ah admi' fi bi bishe a a m	5	
SIGNED AND SUBSCRIBED UNDER P	EVALTY OF PER	IURYIHL	<u> </u>	17
			~ r	DA:
OF				DAT

12'E8



The Commonwealth of Massachusetts The Alcoholic Beverages Control Commission 239 Causeway Street, Suite 200 Boston, MA 02114

Telephone: 617- 727-3040 FAX: 617- 727-1258

FORM A LICENSEE PERSONAL INFORMATION SHEET

THIS	THIS FORM MUST BE COMPLETED FOR EACH:						
<u> </u>	A. NEW LICENSE APPLICANT						
	B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION						
	C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)						
(Pleas	(Please check which transaction is the subject of an application accompanying this Form A.)						
	PLEASE TYPE OR PRINT ALL INFORMATION						
AL	ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.						
1.	LICENSEE N	AME(NAME AS IT WILL APPEAR	ON THE LICENSE)				
2.	NAME OF (P	ROPOSED) MANAGER					
3.	SOCIAL SEC	URITY NUMBER					
4.		EET) ADDRESS					
5.		AND TELEPHONE NUMBER (S): (Give eached during the day).	both, your home telephone and a number at which				
	DAY TIME#		HOME#				
6.	7. DATE OF BIRTH:						
8.	REGISTERED VOTER:YESNO 8A. WHERE ?:						
9.	9. ARE YOU A U. S. CITIZEN: YESNO						
10.	10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): (Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)						

FATHER'S NAME:		12. MOTHER'S MAIL	DEN NAME:	
IDENTIFY YOUR CRI ARREST OR APPEAR REGARDLESS OF FI YES		CHARGED WITH A CRIN	MINAL OFFENSE	NY OTHE
	NO (<u>ML</u>		·	
PENALIT, ETC.)	CRIBE OFFENSE (S) SPECIF			
PRIOR EXPERIENCE IF YES, PLEASE DES	IN THE LIQUOR INDUSTRY:		•	
OR CERTIFICATE:	T, DIRECT OR INDIRECT, IN YES	THIS OR ANY OTHER LI	QUOR LICENSE,	PERMIT
IF YES, PLEASE DES	CRIBE:			4
EMPLOYMENT FOR 1	HE LAST TEN YEARS (Dates Telephone N	, Position, Employer, Add	ress and if known,	
477	relephone N	umbers).		
HOURS PER WEEK T	O BE SPENT ON THE LICENS	SED PREMISES:		
I HEREBY SWEAR TH INFORMATION I HAVE AND BELIEF.	AT UNDER THE PAINS AND I E GIVEN IN THIS APPLICATIO	PENALTIES OF PERJUR ON IS TRUE TO THE BES	Y THAT THE ST OF MY KNOWL	.EDGE
BY:				
PROP	OSED MANAGER SIGNATUR	E	DATE	

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

	DATE:	20
CRIMIN	AL RECORD INFORMATION FORM	
-	rs, Officers and Directors of Corporation	
NAME	ALIAS, IF ANY	
ADDRESS	ZIP	CODE
OCCUPATION		
BIRTHPLACE	DATE OF BIRTH	A STATE OF THE STA
FATHER'S NAME	MOTHER'S NAME	-
HUSBAND OR WIFE'S NAME _		
traffic violations, affray or distur	meanors including: drunkenness, simple bance of the peace and such offense is application you may be considered to department information as to your crin	s were disposed of ten or to have "NO RECORD"
n		LICENSE IN THE
CITY OF BOSTON, HEREBY VIOLATION OF A STATE OR I		
THAT I HAVE NO RECORD O COURT EXCEPT THOSE LIST	F CRIMINAL CONVICTIONS IN AN	do hereby state Y STATE OR FEDERAL
*		do hereby state
THAT I HAVE NO PENDING	CRIMINAL CHARGES AGAINST MI TE OR FEDERAL COURT EXCEP	E FOR ANY CRIMINAL
SIGNED AND SUBSCRIBED T	O UNDER THE PAINS AND PENALT	TES OF PERJURY THIS
P	PRINT LAST NAME	
	,20BY:	
ANY STATEMENTS CONTAIN FOR THE CANCELLATION AS	NED HEREIN FOUND TO BE UNTF ND/OR REVOCATION OF ANY LICE	NE GRANTED TO THE

APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

	DATE:	20,
CRIMI	NAL RECORD INFORMATION FORM	
	ders, Officers and Directors of Corporation	
NAME	ALIAS, IF ANY	
ADDRESS	ZIP	, CODE
OCCUPATION		
BIRTHPLACE	DATE OF BIRTH	
FATHER'S NAME	MOTHER'S NAME	
HUSBAND OR WIFE'S NAME	3	
If you have any record of miso traffic violations, affray or dist	demeanors including: drunkenness, simple urbance of the peace and such offense this application you may be considered its department information as to your crimination as to your crimination.	eassault, speeding, minor swere disposed of ten or to have "NO RECORD"
v		LICENSE IN THE
CITY OF BOSTON, HEREI VIOLATION OF A STATE OF	BY STATE THAT I HAVE NOT BE R FEDERAL NARCOTIC LAW.	EN CONVICTED TOR
Ŧ		do hereby state
THAT I HAVE NO RECORD COURT EXCEPT THOSE LIS	OF CRIMINAL CONVICTIONS IN AN	
7	·	do hereby state
TUATI HAVE NO PENDING	G CRIMINAL CHARGES AGAINST M ATE OR FEDERAL COURT EXCEP	E FOR ANY CRIMINAL
SIGNED AND SUBSCRIBED	TO UNDER THE PAINS AND PENALT	
	PRINT LAST NAME	
DAY, OF	,20BY:	
	INED HEREIN FOUND TO BE UNTI	

....

FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE

APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

(L.B. Porm 14)

LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

	DATE	20
AFFIDAVIT OF NOTICE TO	ABUTTERS AND O	THERS
To the Licensing Board for the City of Boston:	-	
1	hereby certify that th	e following is a true list
of the persons shown upon the Assessor's most recent v	aluation list as the owners of th	e property abutting the
,		4
proposed location for an alcoholic beverages license at _		
•		
and that the following schools, churches or hospitals are said proposed location:	located within a radius of five l	nundred (500) feet from
If there are none, please so state		
		licence was given to the
I also certify that notice of this application/petition con above by mailing to each of them within three days after of said application/petition, a copy of which advertiser receipts/return registered receipts bearing signatures of	er publication of the same, a connect is attached below. Also att	ha of me gracement
Signed and subscribed to under the pains and penalties of	of perjury this	day
of, 20)	

ATTACH ADVERTISEMENT AND RECEIPTS HERE

Notary Public _____

My Commission expires_______20____

(authorized individual, manager, or corporate officer)

INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

- Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in Room 301, City Hall.
- 2. From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.
- 3. List the abutters and others on the other side of this form.
- When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail to each of the persons or organizations listed.
- 5. Bring this completed form to the hearing along with the post office receipts or the return receipts which are mailed back to you.

At a meeting of the Board of Directors of	X 19
held at	
it was duly voted that the Corporation apply to the Licensis	ng Board for the City of Boston for a
license, for the yearto be exercised on the	premises located at
"VOTED: To authorize	
to sign the application for the license in the name of	
to execute in its behalf any necessary papers, and to do all t	an things required relative to the granting of the license."
Corporation and of the conduct of all business therein relative and exercise if it were a natural person resident in the	of
This is to certify that all the directors of	
Corporation duly organized under the laws of the Commonwealt e residents of the Commonwealth.	th of Massachusetts, are citizens of the United States and a majority
This Corporation hasbeen dissolv	ved.
A True Copy Attest	
	Clerk

At a meeting of the Board of Directors of	X*\$
Á.	
held at	
it was duly voted that the Corporation apply to the Licensin	g Board for the City of Boston for a
license, for the yearto be exercised on the	premises located at
"VOTED: To authorize	
to execute in its behalf any necessary papers, and to do all the	hings required relative to the granting of the license."
Corporation and of the conduct of all business therein relative and exercise if it were a natural person resident in the	of rity and control of the premises described in the license of the ve to alcoholic beverages as the licensee itself could in any way Commonwealth of Massachusetts and that a copy of this vote to said manager or principal representative shall constitute the
This is to certify that all the directors of	
Corporation duly organized under the laws of the Commonwealthe re residents of the Commonwealth	h of Massachusetts, are citizens of the United States and a majority
This Corporation hasbeen dissolve	ed.
A True Copy Attest	
	Clerk